

ING SUPPLEMENTAL REGISTRATION FORM

is used for changes to registrations and terminations.

Instructions

- Print in ink or type.
- Complete form and return with \$10 fee to Board of Ethics, 8401 United Plaza Blvd., Suite 200 Baton Rouge LA 70809-7017, (225) 922-1400 or (800) 842-6630.
- This form must be submitted within 5 days of any changes in your registration form, to add employers or those you represent, or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

NAME Fusilier Julie LA
Last First MI

2. BUSINESS PHONE 225-383-8038

3. BUSINESS ADDRESS 835 Louisiana Ave., Baton Rouge, LA 70802
Street and No. City State Zip

MAILING ADDRESS _____
Street and No. City State Zip

4. EMPLOYER _____

5. EMPLOYER'S ADDRESS _____
Street and No. City State Zip

6. Have you ceased or terminated all lobbying activities requiring registration? Yes _____ No ☒

7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

1. Name Loyal American Life Insurance Company
Address P.O. Box 5418, Cincinnati, Ohio, 45201-5418
Business or purpose Insurance

☒ New Representation
Does this person pay you? Yes

If No, who pays you? _____

☐ Terminated Representation as of _____

FOR OFFICE USE ONLY

Postmark Date: 4-26-01

L Supp
V# 1833
\$10.00
RS

1010867

2001 APR 30 PM 2:21
ETHICS REGISTRATION
CAMPAIGN FINANCE
RECEIVED

SUPPLEMENTAL REGISTRATION FORM

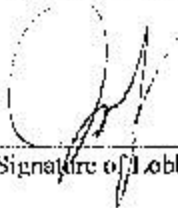
2873 Lobbyist's Registration Number
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2. Name _____
Address _____
Business or purpose _____
☐ New Representation
Does this person pay you? _____
If No, who pays you? _____
☐ Terminated Representation as of _____

3. Name _____
Address _____
Business or purpose _____
☐ New Representation
Does this person pay you? _____
If No, who pays you? _____
☐ Terminated Representation as of _____

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [15A-R.S. 24:50 et seq.] has been deliberately omitted.



Signature of Lobbyist